

STATE OF CONNECTICUT
 DIVISION OF PUBLIC DEFENDER SERVICES
 Application for Intern Service

I am requesting internship for: Winter-Spring Summer Fall
 Legal Intern Social Work Intern Other

My geographical preferences for interning are:

Personal Information

Name (<i>Last, first, middle initial</i>)		Email address
Any prior names or Maiden names as applicable		
Home address (<i>Number, street, city, state, zip code</i>)		
Date of birth	Place of birth (<i>City/Town, state, zip code</i>)	Home phone number
Driver License Number		State of Issuance
Emergency contact name		Emergency contact phone number
Languages (<i>List any languages that you speak fluently</i>)		

Have you ever been convicted of a crime? No Yes (*explain here*)

Do you have any cases pending in Connecticut or any other state? No Yes (*explain here*)

School Information

Name of school		Residence or cellular phone number
Campus address		
Department	Referring Professor (<i>if applicable</i>)	Phone number and extension
Length of internship	Major	Grade point average
Current education level <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Post Grad (<i>indicate year</i>)		Graduation date

Please explain below why you are interested in an internship with the Division of Public Defender Services (*attach additional sheet if necessary*).

Background Information

I authorize the Division of Public Defender Services to conduct a verification of education and criminal history records pertaining to me. I authorize persons, schools and other organizations to release to the Division of Public Defender Services information that may be requested. I discharge the Division of Public Defender Services and its employees from any claims, damages and liabilities arising from the retrieval, reporting or dissemination of information authorized by this release.

Applicant signature	Date signed
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